

# Haddon Heights School District Security/Lockdown Incident “Student Release Form”

**\*\*\*\*\*PLEASE PRINT ALL INFORMATION CLEARLY\*\*\*\*\***

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“Student Release Form” Completed By: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Date Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student’s Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

<u>Mother’s Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
<u>Father’s Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
<u>Guardian’s Name (if different than above)</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>

**If I/we are unable to pick up our child, I/we designate the following five people to whom my child may be released in case of emergency:**

<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>

**Medical Alerts:**

Condition: \_\_\_\_\_ Medication: \_\_\_\_\_

Condition: \_\_\_\_\_ Medication: \_\_\_\_\_

**\*\*Attach Separate Sheet If Necessary\*\***

**Please list a friend or family member, who lives OUT OF STATE, or the furthest from the immediate area, that we can call with information in case local telephone service is interrupted.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**For School Use Only**

**To Be Completed By “Student Release Staging Area” Staff Upon Student’s Release**

The Student was released to \_\_\_\_\_ By \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (AM) (PM) Destination: \_\_\_\_\_